## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Ann	ual Report Id	dentification information	1								
For calendar plan	year 2018 or fisca	al plan year beginning 10/01/2	2018		and ending 09	9/30/2	019				
A This return/rep	ort is for:	x a single-employer plan			an (not multiemployer) ( ployer information in ac		-				
·		a one-participant plan		foreign plan							
<b>B</b> This return/repo	ort is	the first return/report	the	e final return/report							
		an amended return/report	a s	short plan year return	turn/report (less than 12 months)						
C Check box if fil	ing under:	Form 5558	au	itomatic extension		DF	FVC program				
		special extension (enter descri	ription)								
Part II Bas	ic Plan Inforr	mation—enter all requested in	formation	on							
1a Name of plan		· ·				1h	Three-digit				
•	ASSOC, INC. PR	OFIT SHARING PLAN					plan number (PN)	001			
						1c	Effective date of	f plan			
								1/1977			
		er, if for a single-employer plan) , apt., suite no. and street, or P.C	O. Box)			2b	Employer Identi (EIN) 31-0	fication Number 897727			
•		country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	20	,				
COLLINS HEEB & A	ASSOCIATES, IN	iC				<b>2c</b> Sponsor's telephone number 859-655-2300					
	_					2d	Business code (	see instructions)			
228 GRANT STREET FORT THOMAS, KY 41075-2510				541211							
TOKT THOMAS, KT 41073-2310											
3a Plan administ	rator's name and	address Same as Plan Spor	nsor.			3b	Administrator's	EIN			
DONALD F. HEEB,		231 SCO		D		31-0804516					
DON/IED T. FIELD,	OI //	COVING				<b>3c</b> Administrator's telephone number					
							859-655	5-2300			
		plan sponsor or the plan name hasor's name, EIN, the plan name a				4b	EIN				
<b>a</b> Sponsor's nar		or o namo, Em, mo plan namo e	and the	plan nambor nom an	io last rotalii/roport.	4d PN					
C Plan Name											
5a Total number	of participants at	t the beginning of the plan year				5		11			
		t the end of the plan year				5	b	11			
•	•	count balances as of the end of		, , ,	•	5	С	11			
d(1) Total numb	per of active partic	cipants at the beginning of the pl	lan year	٢		5d	(1)	10			
d(2) Total numb	per of active partic	cipants at the end of the plan ye	ar			5d	(2)				
•	•	erminated employment during the				5	е				
Caution: A penal	ty for the late or	incomplete filing of this return	n/repor	t will be assessed (	unless reasonable car	use is	established.				
	B completed and	er penalties set forth in the instruct I signed by an enrolled actuary, a ete.									
SIGN Filed with authorized/valid electronic signature.  07/09/2020 JUDY NIEHAUS											
HERE Signa	ature of plan adr	ministrator		Date	Enter name of individ	ividual signing as plan administrator					
SIGN											
HERE Signa	ature of employe	er/plan sponsor		Date	Enter name of individ	ual sid	gning as emplove	er or plan sponsor			
		_ · _ ·					,				

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		·						Yes No
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	Yes No
_	If the plan is a defined benefit plan, is it covered under the PBGC in							o 🗆 Not	determined
C	If "Yes" is checked, enter the My PAA confirmation number from the					_			structions.)
		ет воо р	remain ming for this p	ian yea	'			(000 11	Structions.)
Pa	rt III   Financial Information	Г	Г						
7	Plan Assets and Liabilities		(a) Beginning				(b) E	nd of Year	
<u>a</u>	Total plan assets	7a	49	66425				11469	03
	Total plan liabilities	7b	40	00405				44400	00
	Net plan assets (subtract line 7b from line 7a)	7c		66425	-			11469	03
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(k	) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	5	37286					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5372	86
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	43:	56808					
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						43568	808
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-38195	22
	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
	· ·			10c	X				50000
d		fidelity bo	nd, that was caused	10d		X			30000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

age <b>3-</b>	1
:	age <b>3-</b>

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			В		es 🛚 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of ERISA?	or section	n 302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver		l enter t _ Day		of the letter Year	ruling
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	☐ No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019  A This return/report is for:    X   a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box attach a list of participating employer information in accordance with the for instructions.)   a foreign plan   a foreign plan   a foreign plan   a foreign plan   b final return/report   a short plan year return/report (less than 12 months)    C   Check box if filling under:   Form 5558   automatic extension   DFVC program   DFVC program   plan number (PN)	m
A This return/report is for:    a single-employer plan   attach a list of participating employer information in accordance with the for instructions.)   a foreign plan   a foreign plan     b This return/report   an amended return/report   a short plan year return/report (less than 12 months)   c Check box if filing under:   Form 5558   automatic extension   DFVC program     special extension (enter description)     Part II   Basic Plan Information — enter all requested information   1 b Three-digit plan number (PN)	m
B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)  C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)  Part II Basic Plan Information — enter all requested information  1 a Name of plan  COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN  10/01/1977	
an amended return/report a short plan year return/report (less than 12 months)  C Check box if filing under: Form 5558 automatic extension provided by pecial extension (enter description)  Part II Basic Plan Information — enter all requested information  1 a Name of plan  COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN  10/01/1977	
C Check box if filing under:  Form 5558  automatic extension  special extension (enter description)  Part II Basic Plan Information — enter all requested information  1 a Name of plan  COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN  DFVC program  on the plan plan information in the plan plan number (PN)	
Part II Basic Plan Information — enter all requested information  1 a Name of plan  COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN  Special extension (enter description)  1 b Three-digit plan number (PN) ▶ 001  1 c Effective date of plan  1 0/01/1977	
Part II Basic Plan Information — enter all requested information  1 a Name of plan  1 b Three-digit plan number (PN) ▶ 001  1 c Effective date of plan  COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN  10/01/1977	
1a Name of plan     1b Three-digit plan number (PN)	
1a Name of plan     1b Three-digit plan number (PN)	
COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN    Plan number (PN) ►   001	
COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN  1c Effective date of plan 10/01/1977	
COLLINS HEEB & ASSOC, INC. PROFIT SHARING PLAN 10/01/1977	
2 a Plan sponsor's name (employer, if for a single-employer plan)  2 b Employer Identification Number (EIN)	
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	
31-0897727	
2 c Sponsor's telephone number	
COLLINS HEEB & ASSOCIATES, INC 859-655-2300	
228 GRANT STREET  2d Business code (see instructions)	
FORT THOMAS, KY 41075-2510 541211	
3 a Plan administrator's name and address Same as Plan Sponsor. 3 b Administrator's EIN	
31-0804516	
3 C Administrator's telephone number	
DONALD F. HEEB, CPA	
231 SCOTT BLVD.	
COVINGTON, KY 41011  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last	
return/report filed for this plan, enter the plan sponsor's name, EIN,the plan name and the plan number from the last return/report.	
a Sponsor's name	
4 d PN	
C Plan Name	
5 a Total number of participants at the beginning of the plan year	
b Total number of participants at the end of the plan year	
c Number of participants with account balances as of the end of the plan year (only defined	
contribution plans complete this item) 5 c 11	
d(1)Total number of active participants at the beginning of the plan year	
d(2)Total number of active participants at the end of the plan year	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB countries and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.	npleted
SIGN Norold St. Heeb 7/89/20 DONALD F. HEEB	
HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator	
SIGN	
HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor	E (0010)

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<b>6 a</b> Were all of the plan's assets during the plan year invested in eligible a <b>b</b> Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered 'No' to either line 6a or line 6b, the plan cannot use Form	independ condition 5500-SF a	lent qualifiens.)	d publ  t <b>ead u</b> s	ic acc	ountant m 5500.	(IQPA) XYes N	10 10
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see If 'Yes' is checked, enter the My PAA confirmation number from the PBGC premium filing for					Yes	No Not determine . (See instructions.)	
Part III Financial Information							_
7 Plan Assets and Liabilities		(a) Begin	nina o	f Year	,	(b) End of Year	
a Total plan assets	7a	(a) begin		6642		1146903	
b Total plan liabilities.	7b		43	0042	.5	1140303	_
c Net plan assets (subtract line 7b from line 7a)	7c		10	6642	5	1146903	_
8 Income, Expenses, and Transfers for this Plan Year	70	(a)	Amour		.5	(b) Total	_
a Contributions received or receivable from:	(A)	(4)	Amoun	-	- 19	(b) rotal	
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers).	8a(3)						
b Other income (loss).	8b		5.	3728	6		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		J.	3720		537286	
d Benefits paid (including direct rollovers and insurance premiums to	00				0	337200	
provide benefits)	8d		43	5680	8		
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4356808	
i Net income (loss)(subtract line 8h from line 8c)	8i					-3819522	
j Transfers to (from) the plan (see instructions)	8j						4
Part IV Plan Characteristics  9 a If the plan provides pension benefits, enter the applicable pension feature codes from	the List of E	lan Characteris	tio Code	oo in th	o instructi	oner	
	THE LIST OF F	Tall Glialacteris	ill Cour	25 111 111	e msu ucu	0115.	
2E							
b If the plan provides welfare benefits, enter the applicable welfare feature the instructions:	codes fro	m the List of	Plan (	Charac	teristic (	Codes in	
the matractions.							
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	_
a Was there a failure to transmit to the plan any participant contribution	nc within	the time		165	140	Amount	_
period described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntar	uie uitie /					
Fiduciary Correction Program)		·	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (I	On not inc	ludo					
transactions reported on line 10a.)			10b		X		
c Was the plan covered by a fidelity bond?			10c	Х		500	0.0
d Did the plan have a loss, whether or not reimbursed by the plan's fide			100	- 21		300	U
caused by fraud or dishonesty?	····	, mai was	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other insurance carrier, insurance service, or other organization that provides so benefits under the plan? (See instructions.)	me or all	of the	10e		x		
f Has the plan failed to provide any benefit when due under the plan?.			10f		X		_
g Did the plan have any participant loans? (If 'Yes,' enter amount as of			10g		X		
			iug		Λ		584
h If this is an individual account plan, was there a blackout period? (Se 29 CFR 2520.101-3.).			10h		Х		
i If 10h was answered 'Yes,' check the box if you either provided the require of the exceptions to providing the notice applied under 29 CFR 2520.	ed notice o 101-3	r one	10i				

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Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum fund Schedule SB (Form 5500) and line 11a below)				Yes	X No
11 a Enter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line 40.	11a	a		
12 Is this a defined contribution plan subject to the minir 302 of ERISA?	num funding requirements of section 412		e or section	. Yes	X No
(If 'Yes,' complete line 12a or lines 12b, 12c, 12d, and	d 12e below, as applicable.)				
a If a waiver of the minimum funding standard for a prior ye the letter ruling granting the waiver		nstructions,	and enter th Day	e date of Year	
If you completed line 12a, complete lines 3, 9, and 10 of S	chedule MB (Form 5500), and skip to line	e 13.			
b Enter the minimum required contribution for this plan	year	12b			
c Enter the amount contributed by the employer to the	plan for this plan year	12c			
d Subtract the amount in line 12c from the amount in line to the left of a negative amount)					
e Will the minimum funding amount reported on line 12	d be met by the funding deadline?		Yes	No [	] N/A
Part VIII Plan Terminations and Transfers of	Assets				
13a Has a resolution to terminate the plan been adopted i	n any plan year?		X Yes	No	

13a

13c(2) EIN(s)

X No

13c(3) PN(s)

Yes

If 'Yes,' enter the amount of any plan assets that reverted to the employer this year.....

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1)

Name of plan(s):

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?